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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing**OR**Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number P06567US1

First Named Inventor CARR, et al.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR CONTINUOUSLY HARVESTING GRAIN FROM A ROW
OF MATURE GRAIN PLANTS COMPRISED OF PLANT SEGMENTS AND ALLEY
SEGMENTS**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: 34082 OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])
*BRIAN W.*Family Name
or Surname
*CARR*Inventor's
Signature
Brian W. Carr

Date

*9/11/03*Residence: City
NEVADAState
IOWACountry
USCitizenship
USMailing Address
716 5TH STREETCity
NEVADAState
IOWAZIP
50201Country
US

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])
*DONALD F.*Family Name
or Surname
*HANDORF*Inventor's
Signature
Donald F. Handorf

Date

*9/11/03*Residence: City
AMESState
IOWACountry
USCitizenship
USMailing Address
509 GARDEN ROADCity
AMESState
IOWAZIP
50010Country
US

Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
PETER B.		MOORE	
Inventor's Signature	<i>Peter B. Moore</i>		Date <i>✓ 9/12/03</i>
AMES Residence: City	IOWA State	US Country	US Citizenship
3909 547TH AVENUE Mailing Address			
Mailing Address			
AMES City	IOWA State	50010 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
NICK		MERFELD	
Inventor's Signature	<i>Nick Merfeld</i>		Date <i>✓ 9/12/03</i>
NEVADA Residence: City	IOWA State	US Country	US Citizenship
427 WESTWOOD DRIVE Mailing Address			
Mailing Address			
NEVADA City	IOWA State	50201 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
SCOTT A.		SPORRER	
Inventor's Signature	<i>Scott A Sporrer</i>		Date <i>✓ 9/11/03</i>
NEVADA Residence: City	IOWA State	US Country	US Citizenship
1023 1ST STREET Mailing Address			
Mailing Address			
NEVADA City	IOWA State	50201 Zip	US Country

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PTO/SER#12A (08-03)

Approved for use through 08/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CURTIS R.		HAMMER	
Inventor's Signature	<i>Curtis R Hammer</i>		
NEVADA Residence: City 630 16TH STREET	IOWA State	US Country	US Citizenship
Mailing Address			
Mailing Address			
NEVADA City	IOWA State	50201 Zip	US Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname	
GARY W.		CLEM	
Inventor's Signature	<i>Gary W Clem</i>		
NEVADA Residence: City 25668 COUNTRY CLUB ROAD	IOWA State	US Country	US Citizenship
Mailing Address			
Mailing Address			
NEVADA City	IOWA State	50201 Zip	US Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	CARR, et al.
Title Method and Apparatus for Continuously.	
Art Unit	
Examiner Name	
Attorney Docket Number	P06567US1

I hereby appoint:

Practitioners at Customer Number:

34082

OR

Practitioner(s) named below:

Name	Registration Number

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OR

Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Brian W. CARR

Signature

Date

9/11/03

Telephone 571 282 2535

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 7 forms are submitted.

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State:

Zip:

Fax:

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Donald F. HANDORF		
Signature	<i>Donald F. Handorf</i>		
Date	9/11/03	Telephone	7515-232-4772

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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State:

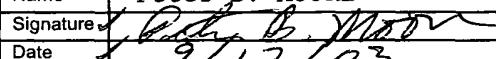
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Fax:

I am the:

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name: Peter B. MOORE

Signature: 

Date: 9/12/03

Telephone: 7515233-2570

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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 Firm or Individual Name Address Address City Country Telephone State Zip Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Nick MERFELD		
Signature	<i>Nick Merfeld</i>		
Date	9/12/03	Telephone	515 382 6863

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Art Unit	
Examiner Name	
Attorney Docket Number	P06567US1

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OR

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Name	Registration Number

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Zip

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Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of RecordName Scott A. SPORRERSignature Scott A SporerDate 9/11/03Telephone 515-382-4975

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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OR



Firm or Individual Name



Address



Address



City

State

Zip



Country



Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Curtis R. HAMMER		
Signature	<i>Curtis R. Hammer</i>		
Date	9/15/03	Telephone	(515) 382-6263

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



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 Practitioners at Customer Number: 34082

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OR

<input type="checkbox"/>	Firm or Individual Name		
<input type="checkbox"/>	Address		
<input type="checkbox"/>	Address		
<input type="checkbox"/>	City	State	Zip
<input type="checkbox"/>	Country		
<input type="checkbox"/>	Telephone	Fax	

I am the:

 Applicant/Inventor.

 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Name	<i>Gary W. CLEM</i>		
Signature	<i>Gary W. CLEM</i>		
Date	09/11/03	Telephone	7515-382-3506

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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